

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041243

Entity Name: DEL FINO, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

2521 OUTRIGGER LANE
NAPLES, FL 341046908 US

New Principal Place of Business:

Current Mailing Address:

2521 OUTRIGGER LANE
NAPLES, FL 341046908 US

New Mailing Address:

FEI Number: 20-0334840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFF M. NOVATT, ESQ.

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAGY, JOHN R
Address: 9653 GULFSHORE BLVD #803
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: NAGY, DANIEL
Address: 9653 GULFSHORE BLVD #803
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: JOHNSON, PATRICK J
Address: 9653 GULFSHORE BLVD #803
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN R. NAGY

MGRM

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date